ATTORNEY OR PETITIONER WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
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PETITIONER'S BIRTH DATE: SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
COLEMON COUNT OF CALIFORNIA, COUNTY OF		
IN THE MATTER OF (NAME):	Petitioner	CASE NUMBER:
PETITION FOR WRIT OF HABEAS CORPUS — LF	PS Act	
 Petitioner is being unlawfully restrained of liberty at (specify name by (specify name of agency and treating psychiatrist): 	of treatment facility):	
2. Petitioner was admitted to the treatment facility on <i>(date)</i> : W & I § 5150 (72-hour hold) W & I § 5250 (14-day W & I § 5270.15 (30-day cert.) W & I § 5300 (180-da W & I § 5350 (conservatorship) Other <i>(specify)</i> :	· -	and is currently being held pursuant to W & I § 5260 (2d 14-day certification) W & I § 5352.1 (temporary conservatorship
3. Check at least one box:		
a. Petitioner is illegally confined for the following reason:		
b. Petitioner has been denied the following rights without go	ood cause (Welfare an	d Institutions Code sections 5325, 5325.1,
and 5326):		
4. Petitioner requests that this court <i>(check all that apply)</i> :		
 Issue a Writ of Habeas Corpus to the director of the facility before this court at a specified time and place. 	ty named in item 1, co	mmanding that the petitioner be brought
b. Order the facility to release petitioner from restraint.		
c. Order that all rights to which petitioner is entitled as a part	ient be observed.	
d. Grant such other relief as this court deems appropriate.		
I declare under penalty of perjury under the laws of the State of Calif	ornia that the foregoin	g is true and correct.
Date:	L	
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER	R OR PERSON REQUESTING WRIT ON PETITIONER'S BEHALF)
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